990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 09/01. 2018, and ending 08/31, 20 19 A For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable READ ALLIANCE, INC. 13-4091062 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 160 BROADWAY, 8TH FL EAST BUILDING (646) 867-6101 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended NEW YORK, NY 10038 G Gross receipts \$ 2,312,464. Application pending H(a) Is this a group return for F Name and address of principal officer: DANIELLE GUINDO Yes X Nο subordinates' 160 BROADWAY, 8TH FL EAST BLDN, NEW YORK, NY 10038 H(b) Are all subordinates included? No Yes X | 501(c)(3) If "No." attach a list. (see instructions) 501(c) (4947(a)(1) or (insert no.) Website: ▶ WWW.READALLIANCE.ORG H(c) Group exemption number L Year of formation: 1999 M State of legal domicile: Form of organization: X Corporation NY Other > Summary Part I Briefly describe the organization's mission or most significant activities: WORK TO ACCELERATE THE EDUCATIONAL TRAJECTORY OF EARLY ELEMENTARY STUDENTS THROUGH THE POWER OF TEENS WHO Governance PROVIDE ONE-TO-ONE LITERACY TUTORING IN UNDER-RESOURCED COMMUNITIES. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 18. 3 Activities & 18. Number of independent voting members of the governing body (Part VI, line 1b) 829. 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 172. Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 2,053,738. 2,227,383. Revenue 0. 0 Program service revenue (Part VIII, line 2g) 5,915. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,434. 10 -4.192-23,423. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,209,875. 2,057,980. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Ω 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 14 1,246,757. 1,533,410. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33,170. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 671,735. 709,701. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,951,662. 2,243,111. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 106,318. -33,236. Revenue less expenses. Subtract line 18 from line 12 ets or **Beginning of Current Year** End of Year 1,576,057. 1,410,585. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 60,942. 259,650. 21 Net / 1,349,643. 1,316,407. 22 Net assets or fund balances. Subtract line 21 from line 20, Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date

Sign Here Type or print name and title Print/Type preparer's name Date Preparer's signature Check Paid AARON SHAPIRO self-employed P01333816 Preparer Firm's EIN $\blacktriangleright 44-0160260$ ▶BKD, LLP Firm's name Use Only 212.867.4000 Firm's address ▶1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
	Code:) (Expenses \$1,389,237. including grants of \$) (Revenue \$) AFTER-SCHOOL PROGRAM - READ ALLIANCE WORKS TO ACCELERATE THE	_)
	DUCATIONAL TRAJECTORY OF EARLY ELEMENTARY STUDENTS THROUGH THE	
	POWER OF TEENS WHO PROVIDE ONE-TO-ONE LITERACY TUTORING IN	
	INDER-RESOURCED COMMUNITIES. DURING SCHOOL YEAR 2018-2019, READ	
	SERVED 886 STUDENTS, AND THE AVERAGE READING GAIN WAS 1.17 GRADE	
	EVELS. READ PROVIDES TEENS WITH FORMAL TRAINING, VOLUNTEER	
	OPPORTUNITIES, AND PAID JOBS AS INDIVIDUAL READING TUTORS FOR	
	CHEIR YOUNGER PEERS. DURING SCHOOL YEAR 2018-2019, 851 TEENS	
	JORKED AS READ TEEN LEADERS.	
4b	Code:) (Expenses \$ 347,127. including grants of \$) (Revenue \$)
	SUMMER PROGRAM - READ'S SUMMER READING PROGRAM PROVIDES STRUCTURED	_'
	NE-TO-ONE TUTORING, AS WELL AS INSTRUCTION IN LISTENING,	
	PEAKING, WRITING AND ART. DURING SUMMER 2019, READ SERVED 109	
	TUDENTS, AND THE AVERAGE READING GAIN WAS 0.83 GRADE LEVELS. IN	
	ADDITION, READ'S SUMMER READING PROGRAM PROVIDES TEENS WITH	
	EANINGFUL PAID SUMMER EMPLOYMENT. DURING SUMMER 2019, 90 TEENS	
	JORKED AS TEEN LEADERS.	
40	Code:) (Expenses \$ including grants of \$) (Revenue \$	\
70	Dode	_/
	. (D. 11 : 0 1 0)	
4d	Other program services (Describe in Schedule O.) Expenses \$ including grants of \$) (Revenue \$)	
40	Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 1.736.364.	

Part IV Checklist of Required Schedules Page 3

rai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
_		3		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		37
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	IIa		
D		11b		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16		13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		Х
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
Ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	- 31		
32	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		
J-T	or IV, and Part V, line 1	34		Х
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		
50	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		_ 30		
-r art	Check if Schedule O contains a response or note to any line in this Part V			
	Officer in Ochequie O contains a response of flote to any line in this Fart V		Yes	No.
1 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	5
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C				
	reportable gaming (gambling) winnings to prize winners?	1c	990	(2019)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 829			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
oa	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C	required to file Form 8282?	7c		Х
ام		70		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.45		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,		Х
	excess parachute payment(s) during the year?	15		Λ
	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
	gg		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
ıu	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 15	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
٠. ۵	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0- 1	organization's exempt status with respect to such arrangements?	16b		Ь
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CT, NJ, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	Г (Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds ▶		

Form **990** (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles:	s pe	ition more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 24 55	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)MARK A. HEMENETZ	3.50									
CHAIR	0.	Х		X				0.	0.	0.
(2)ROBERT BROWN	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(3)MICHAEL LUBOWITZ	3.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(4)DEBJANI BAGCHI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)ADAM BAXTER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6)MARCIA CANTARELLA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)ERIC FARINA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8)SAMUEL GRADESS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9)ESTHER JUDELSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10)MARK MOORE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11) ZOE MOUNTROUKAS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) PETER NKONGHO	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)PATRICK RAMSEY	1.00									_
DIRECTOR	0.	Х						0.	0.	0.
(14) TOM REGAN	1.00									
DIRECTOR	0.	X						0.	0.	0.

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(A)	(B)		•	(((D)	ed Employees (c	(F)
Name and title	Average hours per week (list any hours for	box,	unles r and	Posineck ss pe	ition more rson lirect	e than or is both a or/truste	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount o other compensati
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatio and related organization
) RICHARD ROBINSON DIRECTOR	1.00	Х						0.	0.	
) PETER STEIN	1.00									
DIRECTOR	0.	X						0.	0.	
) JULIE STERLING	1.00									
DIRECTOR	0.	X						0.	0.	
) JASON TEETERS	1.00									
DIRECTOR	0.	X						0.	0.	
) DANIELLE GUINDO	40.00			3,7				60 061		C [
EXECUTIVE DIRECTOR	40.00			Х				69,961.	0.	6,5
) KELLEY PERKINS (THRU 07/16/18) EXECUTIVE DIRECTOR	40.00			Х				86,268.	0.	1,0
) YVETTE RUSSELL	40.00			Λ				00,200.	0.	Ι,(
CHIEF PROGRAM OFFICER	0.			х				99,948.	0.	7,4
) AMY SOKAL (THRU 05/08/2019)	40.00			21				22,210.	0.	, , -
DIRECTOR OF DEVELOPMENT	0.					Х		102,696.	0.	5,5
								0.	0.	
o Sub-total								358,873.	0.	20,6
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	_							358,873.	0.	20,6
Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				re			20,0
										Yes
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3
For any individual listed on line 1a, is the sorganization and related organizations greater that the state of the state o	eater than	\$15	0,00	00?	l If	"Yes,	." (complete Schedu	le J for such	
individual										4
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5

year.

<u> </u>		
(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII									
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a							
grai oui	b	Membership dues 1b							
s, C Am	С	Fundraising events 1c	502,859.						
Gift	d	Related organizations 1d							
in:	e	Government grants (contributions) 1e	303,850.						
tior S r		grante (contributions) I I							
ibu	†	All other contributions, gifts, grants, and similar amounts not included above . 1f	1,420,674.						
d of		<u> </u>							
a a a	g h	Noncash contributions included in lines 1a-1f: \$		2,227,383.					
<u>e</u>	-"	Total. Add lines 1a-1f	Business Code	2,227,303.					
Program Service Revenue			business code						
è	2a								
Se F	b								
Ξ̈́	С								
Š	d								
ащ	е								
ogi	f	All other program service revenue							
<u>_</u>	g	Total. Add lines 2a-2f		0.					
	3	Investment income (including dividen	ids, interest,						
		and other similar amounts)	▶	5,915.			5,915.		
	4	Income from investment of tax-exempt bond	proceeds . ►	0.					
	5	Royalties		0.					
		(i) Real	(ii) Personal						
	6a	Gross rents							
	b	Less: rental expenses 25,893.							
	C	Rental income or (loss)							
	d	Net rental income or (loss)		6,177.			6,177.		
	7a	Gross amount from sales of (i) Securities	(ii) Other						
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses							
	C	Gain or (loss)		0.					
	d	Net gain or (loss)		0.					
ne	8a	Gross income from fundraising							
Revenue		events (not including \$502,859.							
Re		of contributions reported on line 1c).							
Other		See Part IV, line 18 a	37,800.						
ᅙ	b	Less: direct expenses b							
	С	Net income or (loss) from fundraising events		-38,896.			-38,896.		
	9a	Gross income from gaming activities.							
		See Part IV, line 19 a	0.						
	b	Less: direct expenses b	0.						
	С	Net income or (loss) from gaming activities.	▶	0.					
	10a	Gross sales of inventory, less							
		returns and allowances a	0.						
		Less: cost of goods sold b							
		Net income or (loss) from sales of inventory.	▶	0.					
		Miscellaneous Revenue	Business Code						
	11a	OTHER	900099	9,296.			9,296.		
	b								
	C								
	d	All other revenue							
	e	Total. Add lines 11a-11d		9,296.					
	12	Total revenue. See instructions.		2,209,875.			-17,508.		
				, ,		I	F 000 (2048)		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	· ·			
Do	not include amounts reported on lines 6b, 7b,			(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
			expenses	gerierai experises	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	305,488.	229,116.	61,098.	15,274.
6		300 / 100 .	227,1101	01,000.	10,2,11
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,073,896.	951,527.	4,826.	117,543.
8	Pension plan accruals and contributions (include				·
Ū	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	52,608.	44,448.	138.	8,022.
10	Payroll taxes	101,418.	84,122.	5,407.	11,889.
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	2,020.		2,020.	
c	Accounting	15,980.		15,980.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	010 450	F2 746	00 254	(0.252
	(A) amount, list line 11g expenses on Schedule O.)	210,452.	52,746.	88,354.	69,352.
	Advertising and promotion	80,603.	68,752.	2,259.	9,592.
13	Office expenses	32,626.	00,752.	32,626.	9,392.
14	Information technology	0.		32,020.	
15	Royalties	212,479.	182,383.	9,409.	20,687.
16	Occupancy	0.	102,303.	5,105.	20,007.
17	Travel	· ·			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	19,038.	14,575.	1,395.	3,068.
23	Insurance	88,142.	75,658.	3,903.	8,581.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
-	FURNITURE MAINTENANCE	20,880.	17,176.	1,158.	2,546.
	RECRUITMENT, RETENTION, EVAL	10,362.	8,735.	509.	1,118.
C	MISCELLANEOUS	17,119.	7,126.	687.	9,306.
d					
е	All other expenses	0.040.111	1 826 264	000 750	0000000
	Total functional expenses. Add lines 1 through 24e	2,243,111.	1,736,364.	229,769.	276,978.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response o	r not	e to any line in this Pa	art X						
_					(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing			34,444.	1	3,440.				
	2	Savings and temporary cash investments			972,397.	2	756,424.				
	3	Pledges and grants receivable, net			244,626.	3	348,427.				
	4	Accounts receivable, net	0.	4	0.						
	5	Loans and other receivables from current and t									
		trustees, key employees, and highest co	mpei	nsated employees.							
			0.	5	0.						
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu									
S		organizations (see instructions). Complete Part II of Sche			0.	6	0.				
Assets	7	Notes and loans receivable, net			0.	7	0.				
As	8	Inventories for sale or use			0.	8	0.				
	9	Prepaid expenses and deferred charges			88,745.	9	114,086.				
	10 a	Land, buildings, and equipment: cost or									
			10a								
	b	Less: accumulated depreciation			9,653.		111,770.				
	11	Investments - publicly traded securities			0. 0.		0.				
	12		vestments - other securities. See Part IV, line 11								
	13	Investments - program-related. See Part IV, line 11			0.	13	0.				
	14	Intangible assets	0.	17	0.						
	15	Other assets. See Part IV, line 11			60,720.	15	241,910.				
	16	Total assets. Add lines 1 through 15 (must equal			1,410,585.	16	1,576,057.				
	17	Accounts payable and accrued expenses			39,684.	17	235,235.				
	18	Grants payable			0.	18	0.				
	19	Deferred revenue			0.	19	0.				
	20	Tax-exempt bond liabilities			0.	20	0.				
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.				
Liabilities	22	Loans and other payables to current and for									
≝		trustees, key employees, highest compen-			0		0				
<u>ia;</u>		disqualified persons. Complete Part II of Schedule			0.		0.				
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.				
	24	Unsecured notes and loans payable to unrelated to			0.	24	0.				
	25	Other liabilities (including federal income tax, particularly liabilities and	-								
		parties, and other liabilities not included on lines			21 250		24 415				
	20	of Schedule D			21,258.	25	24,415. 259,650.				
_	26	Total liabilities. Add lines 17 through 25			00,942.	26	239,030.				
ces		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	34.								
lan	27	Unrestricted net assets			1,098,393.	27	1,153,657.				
Ba	28	Temporarily restricted net assets			251,250.	28	162,750.				
pu	29	Permanently restricted net assets			0.	29	0.				
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	-								
	30	Capital stock or trust principal, or current funds				30					
SS(31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31					
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32					
Ne	33	Total net assets or fund balances			1,349,643.	33	1,316,407.				
	34	Total liabilities and net assets/fund balances			1,410,585.	34	1,576,057.				
Net Assets	32 33	Retained earnings, endowment, accumulated incommental net assets or fund balances	ome,	or other funds		32 33					

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Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			09,8 43,1				
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3			33,2				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	49,6	543.			
5	Net unrealized gains (losses) on investments	5				0.			
6	Donated services and use of facilities	6		0.					
7	Investment expenses	7				0.			
8	Prior period adjustments	8				0.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10		1,3	16,4	107.			
Part									
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi								
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght						
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	int?	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, e								
	Schedule O.	-							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in						
	the Single Audit Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

134091062

Department of the Treasury Internal Revenue Service Name of the organization

READ ALLIANCE,

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Page 2 Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			•		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,256,110.	2,131,383.	1,915,640.	2,053,738.	2,227,383.	10,584,254.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,256,110.	2,131,383.	1,915,640.	2,053,738.	2,227,383.	10,584,254.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						2,148,861.
6	Public support. Subtract line 5 from line 4						8,435,393.
	tion B. Total Support	() 0044	42.0045	4) 0040	(1) 0047	() 0040	
_	ndar year (or fiscal year beginning in)	(a) 2014 2,256,110.	(b) 2015	(c) 2016	(d) 2017 2,053,738.	(e) 2018 2,227,383.	(f) Total
7 8	Amounts from line 4	49,762.	2,131,383. 59,303.	1,915,640.	78,189.	37,985.	10,584,254. 288,488.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1		2,891.	208.		9,296.	12,395.
11	Total support. Add lines 7 through 10						10,885,137.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup			4.4 1 (0)			77.49%
14	Public support percentage for 2018 (li		•			15	95.26%
15	Public support percentage from 2017	•	•				
ıoa	33 1/3% support test - 2018. If the or box and stop here. The organization q	-					
h	331/3% support test - 2017. If the organization q	•		•			
D	this box and stop here. The organization	•			•		
17a	10%-facts-and-circumstances test - 2			_			
	10% or more, and if the organization	_					
	Part VI how the organization meets t						•
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances	test, check tl	his box and sto	op here.
	Explain in Part VI how the organizati						-
	supported organization				-	•	
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						▶ 🔲

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Sec	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(0) = 0 + 1	() = 0.10	(0) = 0.10	(0,) = 0	(0) = 0.10	(7)
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		tionle firet sees	land thind formath	ar fifth tax x		F04(a)(2)
14	First five years. If the Form 990 is f	•					
500	organization, check this box and stop here						
<u>3ec</u> 15	tion C. Computation of Public Suppose Public Suppose Public Support percentage for 2018 (line 8)			ımn (f\)		. 15	%
		, ,	•				
16 Soc	Public support percentage from 2017 Sche					16	%
	tion D. Computation of Investmen			40 column - (f))		47	0/
17	Investment income percentage for 2018 (lin					17	%
18	Investment income percentage from 2017					18	%
19 a	331/3% support tests - 2018. If the org	-					. \square
	17 is not more than 331/3%, check th	-	_	•			
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3%, check			-			. —
20	Private foundation. If the organization	ala not check	a box on line	14. 19a. or 19b), check this bo	ox and see instr	uctions

Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2018

Jeneau	ile A (1 0illi 330 di 330 E2) 2010			age o
Part	Supporting Organizations (continued)		24	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sacti	on C. Type II Supporting Organizations			
00011	on o. Type ii oupporting organizations		Yes	No
	Management of the conscient of the disease of the d		103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
00011	on 51.7th Type in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
_		1	Yes	
2	Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
		•	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	4		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCO	ME				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER		2,891.	208.		9,296.	12,395.
TOTALS		2,891.	208.		9,296.	12,395.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

READ ALLIANCE, INC. 13-4091062 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization READ ALLIANCE, INC.

Employer identification number 13-4091062

Part I	Contributors (see instructions).	Use duplicate copies	of Part I if additional	space is needed.
--------	----------------	--------------------	----------------------	-------------------------	------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	ALTMAN FOUNDATION 521 FIFTH AVENUE, 35TH FLOOR NEW YORK, NY 10175	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	HEARST FOUNDATION, INC. 300 W 57TH ST #26 NEW YORK, NY 10019	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	HECKSCHER FOUNDATION FOR CHILDREN 123 EAST 70TH STREET NEW YORK, NY 10021	\$145,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4_	PINKERTON FOUNDATION 610 FIFTH AVENUE NEW YORK, NY 10020	\$133,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	THE JOSEPH H. FLOM FOUNDATION 4 TIMES SQUARE NEW YORK, NY 10036	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	TIGER FOUNDATION 101 PARK AVENUE	\$150,000.	Person X Payroll Noncash (Complete Part II for

Name of organization READ ALLIANCE, INC.

Employer identification number 13-4091062

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WORK PROGRESS PROGRAM 150 GREENWICH STREET, 35TH FLOOR NEW YORK, NY 10007	\$85,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ACTIONS@EBMF 115 BROADWAY, 5TH FLOOR NEW YORK, NY 10006	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THE LEAH AND ALAIN LEBEC FOUNDATION 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	THE STATEN ISLAND FOUNDATION 260 CHRISTPHER LANE, SUITE 3B STATEN ISLAND, NY 10314	\$50,000.	Person Payroll Noncash (Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			(d)
No.	Name, address, and ZIP + 4 NYC DEPARTMENT OF EDUCATION 65 COURT STREET	Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization READ ALLIANCE, INC.

Employer identification number 13-4091062

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is n	eeded.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization READ ALLIANCE, INC. Employer identification number 13-4091062

Part III	(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ions completing Part e year. (Enter this in	one contributor. On the contributor on the contributor. On the contributor on the contributor. So that is a second or contributor on the contributor of the contribut	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
Part I							
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transf nd ZIP + 4		nship of transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift (c) Use		of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

REA	D ALLIANCE, INC.	13-4091062
_	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
6	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	ansarvation assamants during the year
,	>	miservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
•		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	•
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r	evenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the control	cation, or research in furtherance of cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
-	works of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	• \$

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other	Similar Assets (continue	d)
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	any of th	e follow	ving that are a sig	nificant us	se of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d _	Loan	or exchange				
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expla	ain how t	hey furthe	r the or	ganization's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath		ained as pa	rt of the o	organizatio	n's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	tion answered "Ye	es" on For	m 990, F	Part IV, line	e 9, or r	eported an amou	nt on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tab	ole:				
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				<u> 1f</u>			1	
2a	Did the organization include an am							Yes	No No
	If "Yes," explain the arrangement i	n Part XIII. Check h	iere if the e	xplanation	has been p	provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "V	oc" on Eor	m 000 E	Part IV/ line	. 10			
	Complete ii the organiza	(a) Current year	(b) Prio		(c) Two year		(d) Three years back	(a) Fauru	ears back
		(a) Current year	(b) P110	i yeai	(c) Two yea	ars back	(u) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		<u> </u>						
2 a	Provide the estimated percentage Board designated or quasi-endown		end balanc	e (line 1g,	column (a)) held as	:		
a b	Permanent endowment	0/ ₂							
C	Temporarily restricted endowment								
·	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in			tion that	are held ar	nd admir	nistered for the		
ou	organization by:	and poddoddion of t	no organiza	tion that	aro mora ar	ia aaiiiii		Υ	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	•	•				-		
Pa	rt VI Land, Buildings, and Equ Complete if the organization). F		4.0
	Description of property								
	Description of property		r other basis stment)		or other basis ther)		cumulated (e	d) Book valu	
1a	Land								
b	Buildings								
С	Leasehold improvements			1	12,542.		9,299.		3,243.
d	Equipment				49,104.		40,577.		8,527.
е	Other								
Tota	I. Add lines 1a through 1e. (Column		m 990, Part	X, columi	n (B), line 1	0c.)		11	1,770.

Schedule D (Form 990) 2018 Page 3

Part VII	Investments - Other Securities.	LIIV	D. (1)/ 1'	- D. 4 V. P. 4 40
	Complete if the organization answered), Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)			Soot of one of your man	NOT VAINO
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990	
		scription		(b) Book value
	RITY DEPOSITS			79,410.
_(2) SETTI	LEMENTS RECEIVABLE			162,500.
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		241,910
Part X	Other Liabilities.			
	Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11e or 11f. See For	rm 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book valu	ie	
(1) Feder	al income taxes			
(2) DEFEI	RRED RENT	24,	415.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	on (b) must squal Form 000 Port V and (D) line of 1	▶ 24,	415	
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	I		
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to th	e organization's financial statements that re	eports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page 4

D			1 age 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,421,392.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	20	185,624.
e	Add lines 2a through 2d	2e 3	2,235,768.
3 4	Subtract line 2e from line 1	-	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) -25,893.		
С	Add lines 4a and 4b	4c	-25,893.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,209,875.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
	Total expenses and losses per audited financial statements	1	2,454,628.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	, , , , , , , , , , ,
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		105 604
е	Add lines 2a through 2d	2e	185,624.
3	Subtract line 2e from line 1	3	2,269,004.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7h 4a		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)		
b	Add lines 4a and 4b	4c	-25,893.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,243,111.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, I nation	ine 4; Part X, line
	PAGE 5		
	TAGE 5		

JSA 8E1271 1.000 Schedule D (Form 990) 2018 READ ALLIANCE, INC. 13-4091062 Page 5

Part XIII Supplemental Information (continued)

PART XI, LINE 4B

-25,893 RENTAL EXPENSES

PART XII, LINE 4B

RENTAL EXPENSES -25,893

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest instructions.

Inspection

	t the organization					Employer Identification	on number
	ALLIANCE, INC.					13-4091062	
Part					"Yes" on Form	990, Part IV, line	17.
	Form 990-EZ filers are not						
1	Indicate whether the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	е	Solid	citation of	non-government g	grants	
b	Internet and email solicitations	f	Solid	citation of	government grant	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written of	or oral agreement v	vith any in	dividual (in	cludina officers. d	lirectors, trustees.	
	or key employees listed in Form 990						Yes No
b	If "Yes," list the 10 highest paid indi	ividuals or entities	(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the				_		
			(iii) Did fur	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody or control of (iv) Gross receipts		(or retained by)	(or retained by)	
	or entity (fundraiser)		contrib	outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
40							
10							
Tatal							
Total	List all states in subjets the supplier						it in account forms
	List all states in which the organiza registration or licensing.	ition is registered (or licensed	to solicit	contributions or	nas been notified	it is exempt from
	registration of licensing.						

		more than \$15,000 of fundra events with gross receipts gre	eater than \$5,000.			, filles i and ob. List
			(a) Event #1 SPRING BENEFIT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	540,659.			540,659
	2	Less: Contributions	502,859.			502,859
	3	Gross income (line 1 minus line 2)	37,800.			37,800
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs	28,125.			28,125
Direct Expenses	7	Food and beverages	28,125.			28,125
Direct	8	Entertainment	6,425.			6,425
	9	Other direct expenses	14,021.			14,021
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)	•	76,696
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	-38,896
Pa	ırt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue		\$ 10,000 om om 000 zz, m	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
S	2					
SU	_	Cash prizes				
xpense		Cash prizes				
rect Expenses	3					
Direct Expense	3	Noncash prizes				
Direct Expense	3 4 5	Noncash prizes		Yes%	Yes%	
Direct Expense	3 4 5	Noncash prizes	Yes %	No		
Direct Expense	3 4 5 6 7	Noncash prizes	Yes % No es 2 through 5 in colu	mn (d)	No▶	
6 Direct Expense	3 4 5 6 7	Noncash prizes	Yes % No es 2 through 5 in columbtract line 7 from line anization conducts ga	mn (d) 1, column (d) ming activities:	No►	
Direct Ey	3 4 5 6 7 8	Noncash prizes	Yes % No es 2 through 5 in columbtract line 7 from line anization conducts ga	nn (d) 1, column (d) ming activities: in each of these state	No►	
6 Direct E	3 4 5 6 7 8	Noncash prizes	Yes % No es 2 through 5 in columbtract line 7 from line anization conducts garduct gaming activities	nn (d) 1, column (d) ming activities: in each of these state	No►	
6 Direct E	3 4 5 6 7 8	Noncash prizes	Yes % No es 2 through 5 in columbtract line 7 from line anization conducts ganduct gaming activities	nn (d) 1, column (d) ming activities: in each of these state	No	. Yes No

Sched	ule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	revenue?
b	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
·	Tros, enter hame and address of the time party.
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

READ ALLIANCE,

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 13-4091062

INC.

FORM 990, PART VI, SECTION B, LINE 11B

MANAGEMENT AND ALL MEMBERS OF THE GOVERNING BOARD REVIEWED THE 990

PRIOR TO FILING WITH THE IRS. IF MEMBERS OF THE GOVERNING BOARD HAVE

QUESTIONS ABOUT THE 990 THEY DISCUSS THEM WITH MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C READ HAS DEVELOPED ITS CONFLICT OF INTEREST POLICY AND PERIODICALLY REVIEWS THE POLICY TO ENSURE THAT ALL ITS DIRECTORS AND OFFICERS CONTINUE TO ACT IN COMPLIANCE WITH APPLICABLE LAWS AND TO DEAL WITH ALL PERSONS DOING BUSINESS WITH READ APPROPRIATELY. THESE POLICIES ARE GUIDELINES TO PROTECT READ'S INTERESTS WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF THE CORPORATION. THESE POLICIES ARE INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE STATE LAWS GOVERNING CONFLICTS OF INTEREST AND PERMISSIBLE ACTIVITIES APPLICABLE TO NONPROFIT AND CHARITABLE CORPORATIONS. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS/HER FINANCIAL INTERESTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

Employer identification number 13-4091062

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

- A. THE EXECUTIVE DIRECTOR OF READ OR THE FINANCE COMMITTEE SHALL, IF

 APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE

 ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.
- B. AFTER EXERCISING DUE DILIGENCE, THE EXECUTIVE DIRECTOR OR THE FINANCE
 COMMITTEE SHALL DETERMINE WHETHER READ CAN OBTAIN A MORE ADVANTAGEOUS
 TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR
 ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.
- C. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO READ AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH A DETERMINATION.

VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:

- A. IF THE EXECUTIVE DIRECTOR OR THE FINANCE COMMITTEE HAS REASONABLE

 CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE

 CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH

 BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED

 FAILURE TO DISCLOSE.
- B. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR

Name of the organization

READ ALLIANCE, INC.

Employer identification number

13-4091062

COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE SHALL SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY
- B. HAS READ AND UNDERSTANDS THE POLICY
- C. HAS AGREED TO COMPLY WITH THE POLICY
- D. UNDERSTANDS THAT READ IS A NONPROFIT ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15A

READ'S EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION FOR THE EXECUTIVE

DIRECTOR USING DATA OBTAINED FROM THE 990 OF OTHER ORGANIZATIONS AND A

SURVEY CONDUCTED BY PROFESSIONALS FOR NOT-FOR-PROFITS (PNP). THE

DELIBERATION AND DECISION ARE MADE BY THE EXECUTIVE COMMITTEE. THE

EXECUTIVE DIRECTOR'S FISCAL 2019 SALARY REVIEW WAS COMPLETED IN AUGUST

2018. ANOTHER REVIEW TOOK PLACE IN AUGUST 2019 FOR THE EXECUTIVE

DIRECTOR'S FISCAL 2020 SALARY.

FORM 990, PART VI, SECTION C, LINE 19
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

READ ALLIANCE, INC (READ) WORKS TO ACCELERATE THE EDUCATIONAL

TRAJECTORY OF EARLY ELEMENTARY STUDENTS THROUGH THE POWER OF TEENS

WHO PROVIDE ONE-TO-ONE LITERACY TUTORING IN UNDER-RESOURCED

COMMUNITIES. READ IMPACTS TWO POPULATIONS SIMULTANEOUSLY, AND THROUGH

A HIGHLY STRUCTURED, RESEARCH-BASED CURRICULUM, STUDENTS AVERAGE A

FULL YEAR'S GROWTH IN READING AND THEIR TEEN TUTORS DEVELOP COLLEGE,

CAREER, AND LIFE SKILLS. EARLY INTERVENTION PREVENTS READING

DIFFICULTIES FROM BECOMING BARRIERS TO FUTURE SUCCESS, WHILE

PROVIDING TEENS WITH THE OPPORTUNITY TO HAVE A POSITIVE DIRECT IMPACT

ON THE LIVES OF CHILDREN IN THEIR COMMUNITIES THROUGH MEANINGFUL

SERVICE AND JOBS.